



STATE OF CONNECTICUT

DEPARTMENT OF AGRICULTURE

APPLICATION FOR ALTERNATE DEAD POULTRY DISPOSAL SYSTEM

Name: _____

Address: _____

Street and Post Office Box

City, State & Zip Code

Location of Farm: _____

Owner of Poultry: _____

Describe in detail how dead poultry will be disposed of:

Name of Refuse Company _____

If town landfill is used for dead poultry, approval of town official is needed.

Signature of Town Official: _____

Title of signing Official: _____

Signature of Poultry Owner: _____

Commissioner of Agriculture

dpdisp

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